

13281 U.S.PTO  
041604

## UTILITY PATENT APPLICATION TRANSMITTAL

 DUPLICATE

Address to: <b>Commissioner of Patents</b> P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	KING3001/JEK/JJC
	First Named Inventor (or identifier)	Daniel W. King
	Total Pages	28

19587 U.S.PTO  
10/825157

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **CUTTING HEAD MOUNTING AND SUPPORT RING SYSTEM**

1. Submitted herewith are the following:

16 pages of specification. Abstract.3 sheet(s) of drawings.13 claim(s). Oath/Declaration signed by each inventor. Application Data Sheet. Preliminary Amendment. Information Disclosure Statement(s).1 pages of Form PTO-1449. Assignment of the invention, Cover Sheet, and payment of the \$ \_\_\_\_\_ recordal fee. certified copy of application no. \_\_\_\_\_ filed in \_\_\_\_\_. Priority is claimed. check in the amount of \$ 428.00 including any assignment recordal fee.

2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.

3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

6. Other: \_\_\_\_\_

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Eric S. Spector, Reg. No. 22,495; Felix J. D'Ambrosio, Reg. No. 25,721; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805; and Justin J. Cassell, Reg. No. 46,205.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00		
Total Claims:	13	- 20 =	0	X \$18 =			
Independent Claims:	4	- 3 =	1	X \$86 =	\$86.00		
Correspondence Address:  23364 Customer Number			Multiple Dependent Claim (add \$290.00):				
			Subtotal:			\$856.00	
			50% Reduction if Small Entity Status:			\$428.00	
Phone: 703-683-0500 Fax: 703-683-1080			Total:		\$428.00		
Date:	Name:		Signature:	Reg. No.			
April 16, 2004	JUSTIN J. CASSELL			46,205			

